

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line

IPEA/ US

PCT

CHAPTER II

DEMAND

J017 Rec'd PCT/PTO 25 APR 2001

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA

US

IPEA/US 25 APR 2001
Date of receipt of DEMAND

(25-04-01)

Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION

Applicant's or agent's file reference
PT-1087 PCT

International application No.

PCT/US00/25610

International filing date (day/month/year)

19 September 2000 (19.09.00)

(Earliest) Priority date (day/month/year)

28 September 1999 (28.09.99)

Title of invention

Box No. II APPLICANT(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

INCYTE GENOMICS, INC.
3160 Porter Drive
Palo Alto, California 94304
United States of America

Telephone No.:

(650) 855-0555

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(650) 845-4166

Teleprinter No.:

State (that is, country) of nationality:

US

State (that is, country) of residence:

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

HODGSON, David M.

2795 Windwood Drive, #165 (current address)

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567 Addison Avenue (old address)

Palo Alto, California 94301

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State (that is, country) of nationality:

US

State (that is, country) of residence:

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

LINCOLN, Stephen E.

725 Sapphire Street

Redwood City, California 94061

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State (that is, country) of nationality:

US

State (that is, country) of residence:

US



Further applicants are indicated on a continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

RUSSO, Frank D.

939 Rosette Court (current address)

Sunnyvale, California 94086

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Redwood City, California 94062

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State (that is, country) of nationality:

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State (that is, country) of residence:

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

SPIRO, Peter A.

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Palo Alto, California 94306

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State (that is, country) of nationality:

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

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State (that is, country) of nationality:

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BRATCHER, Shawn R.

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United States of America

State (that is, country) of nationality:

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State (that is, country) of residence:

US



Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

DUFOUR, Gerard E.
5327 Greenridge Road
Castro Valley, California 94552-2619
United States of America

State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
US

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

COHEN, Howard J.
3272 Cowper Street
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State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
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Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

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State *(that is, country)* of nationality:
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Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

SHAH, Purvi
859 Salt Lake Drive
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State *(that is, country)* of nationality:
IN

State *(that is, country)* of residence:
US



Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CHALUP, Michael S.
183 Acalanes Drive, Apt. 6
Sunnyvale, California 94086
United States of America

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

HILLMAN, Jennifer L.
230 Monroe Drive, #17
Mountain View, California 94040
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State (that is, country) of nationality:
US

State (that is, country) of residence:
US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

JONES, Anissa Lee
445 South 15th Street
San Jose, California 95112
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State (that is, country) of nationality:
US

State (that is, country) of residence:
US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

YU, Jimmy Y. 3655 Wyndham Drive (current address) Fremont, California 94536 United States of America	37330 Portico Terrace (old address) Fremont, California 94536-7901 United States of America
---	---

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

☒ Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

GREENAWALT, Lila B.
1596 Ballantree Way
San Jose, California 95118-2106
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State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
US

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

PANZER, Scott R. 571 Bobolink Circle (current address) Sunnyvale, California 94087 United States of America	965 East El Camino, #621 (old address) Sunnyvale, California 94087 United States of America
--	---

State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
US

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

ROSEBERRY, Ann M.
725 Sapphire Street
Redwood City, California 94061
United States of America

State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
US

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

WRIGHT, Rachel J.
333 Anna Avenue
Mountain View, California 94043
United States of America

State *(that is, country)* of nationality:
NZ

State *(that is, country)* of residence:
US

☒ Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

CHEN, Wensheng
210 Easy Street, #25
Mountain View, California 94043
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State *(that is, country)* of nationality:
CN

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US

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

LIU, Tommy F.
201 Otilia Street
Daly City, California 94014
United States of America

State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
US

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

YAP, Pierre E.
201 Happy Hollow Court
Lafayette, California 94549-6243
United States of America

State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
US

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

STOCKDREHER, Theresa K.
1596 Ontario Drive, #2
Sunnyvale, California 94087
United States of America

State *(that is, country)* of nationality:
US

State *(that is, country)* of residence:
US



Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s) /common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official
The address must include postal code and name of country.)*

HAMLET-COX, Diana; BILLINGS, Lucy J.; CERRONE, Michael; MURRY,
 Lynn E.; STREETER, David G.; SATHER, Susan K.; WANG, Peng Ben;
 TURNER, Christopher; KASER, Matthew R.
 Incyte Genomics, Inc.
 3160 Porter Drive
 Palo Alto, California 94304
 United States of America

Telephone No.:

(650) 855-0555

Facsimile No.:

(650) 845-4166

Teleprinter No.:

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed.

the description ☒ as originally filed
☐ as amended under Article 34

the claims ☒ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34

the drawings ☐ as originally filed
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
 3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

- ☒ which is the language in which the international application was filed.
☐ which is the language of a translation furnished for the purposes of international search.
☐ which is the language of publication of the international application.
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|---|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (<i>specify</i>) | : | sheets |

For International Preliminary Examining Authority use only

received not received

☐ ☐

☐ ☐

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The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 4. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> separate signed power of attorney | 5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form |
| 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 6. <input checked="" type="checkbox"/> other (<i>specify</i>): Postcard; Associate Power of Atty. |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


Diana Hamlet-Cox

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND: **JG17 Rec'd PCT/PTO 25 APR 2001 (25-04-01)**
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):
3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. ☐ The applicant has been informed accordingly.
4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.
5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

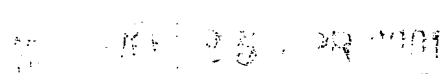

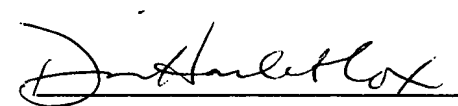
For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">International application No.</td> <td style="width: 50%;">PCT/US00/25610</td> </tr> <tr> <td>Applicant's or agent's file reference</td> <td>PT-1087 PCT</td> </tr> </table>	International application No.	PCT/US00/25610	Applicant's or agent's file reference	PT-1087 PCT	<div style="border: 1px solid black; padding: 5px;"> For International Preliminary Examining Authority use only <div style="text-align: center; margin-top: 10px;">  Date stamp of the IPEA </div> <div style="text-align: right; margin-top: 10px;">  </div> </div>								
International application No.	PCT/US00/25610												
Applicant's or agent's file reference	PT-1087 PCT												
Applicant INCYTE GENOMICS, INC.													
<div style="border: 1px solid black; padding: 10px;"> Calculation of prescribed fees <table style="width: 100%;"> <tr> <td style="width: 60%;">1. Preliminary examination fee</td> <td style="width: 20%; text-align: right;">750.00</td> <td style="width: 20%; text-align: center;">P</td> </tr> <tr> <td>2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)</td> <td style="text-align: right;">137.00</td> <td style="text-align: center;">H</td> </tr> <tr> <td>3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box</td> <td style="text-align: right;">887.00</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">TOTAL</td> <td></td> </tr> </table> </div>		1. Preliminary examination fee	750.00	P	2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	137.00	H	3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	887.00			TOTAL	
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2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	137.00	H											
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	887.00												
	TOTAL												
<div style="border: 1px solid black; padding: 10px;"> Mode of Payment <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</td> <td><input type="checkbox"/> cash</td> </tr> <tr> <td><input type="checkbox"/> cheque</td> <td><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td><input type="checkbox"/> postal money order</td> <td><input type="checkbox"/> coupons</td> </tr> <tr> <td><input type="checkbox"/> bank draft</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table> </div>		<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):				
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash												
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<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons												
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):												
<div style="border: 1px solid black; padding: 10px;"> Deposit Account Authorization (<i>this mode of payment may not be available at all IPEAs</i>) The IPEA/ <u>US</u> <input checked="" type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account. <input checked="" type="checkbox"/> (<i>this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <u>09-0108</u> Deposit Account Number </div> <div style="width: 30%;"> <u>25 April 2001</u> Date (day/month/year) </div> <div style="width: 30%; text-align: center;">  Signature </div> </div> </div>													